

# KENTUCKY REAL ESTATE COMMISSION

10200 Linn Station Road Suite 201

Louisville, KY 40223

Phone: 502-429-7250 or 888-373-3300 Fax: 502-429-7246

Website: www.krec.ky.gov

## Request to close existing Business of Deceased or Incapacitated Principal Broker (KRS 324.425)

**PLEASE complete and provide required documentation as noted below.**

I, \_\_\_\_\_ (License# \_\_\_\_\_),  
Sales Associate

hereby request that the Commission grant me the temporary authority to complete and close the existing business of my

**Deceased** ☐ **Incapacitated** ☐ Principal Broker, during a period beginning on \_\_\_\_\_ ending on \_\_\_\_\_.  
(This period shall not exceed (6) months, pursuant to KRS 324.425.)

☐ Attached hereto is proof of death or incapacity of the Principal Broker, whose identifying information follows:

Principal Broker's Name: (printed) \_\_\_\_\_ License # \_\_\_\_\_

\_\_\_\_\_  
Firm Name

\_\_\_\_\_  
Firm Street Address

\_\_\_\_\_  
City / State / Zip Code

\_\_\_\_\_  
Firm Telephone Number

**I certify that the information given above and the attached supporting documentation is true, correct, and that the Kentucky Real Estate Commission may rely on its truthfulness in considering my request. Disciplinary action, including revocation, may be taken against you if it is determined that facts have been misstated on this document.**

\_\_\_\_\_  
Requesting Sales Associate Signature

\_\_\_\_\_  
Date